



STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

OFFICE OF DRUG CONTROL POLICY
DALE R. WOOLERY, ACTING DIRECTOR

Governor's Office of Drug Control Policy Five-Year Strategic Plan July 1, 2010 - June 30, 2015

OVERVIEW

The Office of the Drug Policy Coordinator is established in Chapter 80E of the Code of Iowa. The Coordinator directs the Governor's Office of Drug Control Policy; coordinates and monitors all statewide counter-drug efforts, substance abuse treatment grants and programs, and substance abuse prevention and education programs; and engages in other related activities involving the departments of public safety, corrections, education, public health, and human services. The coordinator also engages private sector organizations and citizens, and assists in the development of local and community strategies to fight substance abuse, including local law enforcement, prevention, and treatment activities.

The Drug Policy Coordinator serves as chairperson of the Drug Policy Advisory Council. Statutory members of the council includes the directors of the departments of corrections, education, public health, public safety, human services, division of criminal and juvenile justice planning within the department of human rights. The Council also consists of a prosecuting attorney, substance abuse treatment specialist, substance abuse prevention specialist, substance abuse treatment program director, judge, and one representative each from the Iowa Association of Chiefs of Police and Peace Officers, the Iowa State Police Association, and the Iowa State Sheriff's and Deputies' Association. Council members are appointed by the Governor and confirmed by the Senate. Non-voting members include representatives of the Iowa Attorney General, Iowa's two U.S. Attorneys and the Iowa Consortium for Substance Abuse Research and Evaluation.

The council makes policy recommendations related to substance abuse education, prevention, and treatment, and drug enforcement. The Council and the Coordinator oversee the development and implementation of a comprehensive State of Iowa Drug Control Strategy.

The Office of Drug Control Policy administers federal grant programs to improve the criminal justice system and community drug/crime control efforts by supporting drug enforcement, substance abuse prevention and offender treatment programs across the state. The ODCP prepares and submits the Iowa Drug and Violent Crime Control Strategy to the U.S. Department of Justice, with recommendations from the Drug Policy Advisory Council. The ODCP also provides program and fiscal assistance to state and local agencies, as well as program evaluation and grants management.

MISSION STATEMENT

- The Mission of the Governor's Office of Drug Control Policy is to serve as a leader and a catalyst for improving the health and safety of all Iowans by promoting strategic approaches and collaboration to reduce drug use and related crime.

VISION STATEMENT

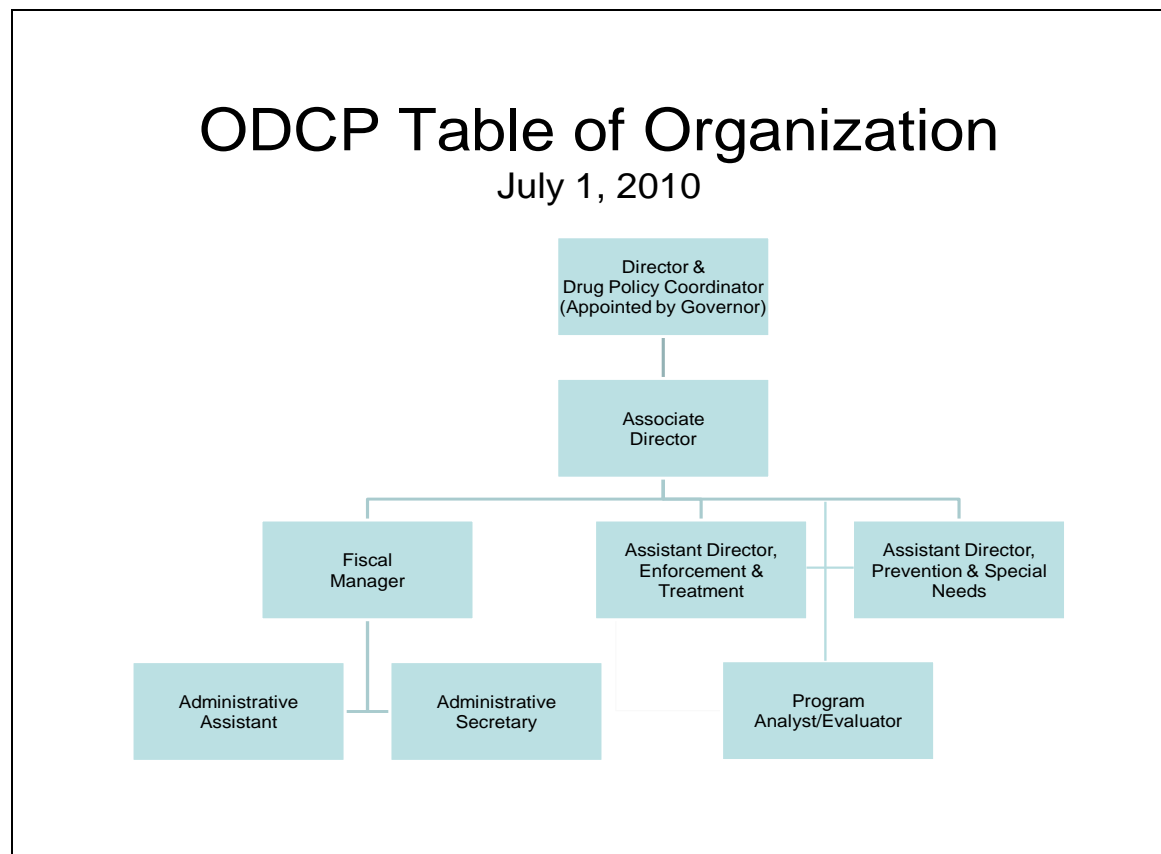
- The Vision of the Governor's Office of Drug Control Policy is to empower Iowa citizens, organizations, and policy makers to address current and emerging needs and cultivate safe and drug free communities.

GUIDING PRINCIPLES

- | | | |
|------------------|--------------|-------------------|
| • Accountability | • Efficiency | • Integrity |
| • Collaboration | • Fairness | • Leadership |
| • Coordination | • Honesty | • Service |
| • Effectiveness | • Innovation | • Trustworthiness |

The primary obligation of ODCP, its staff and program stakeholders is to serve the public. As such, ODCP and its associates shall operate professionally, truthfully, fairly and with integrity and accountability to uphold the public trust.

TABLE OF ORGANIZATION



ASSESSMENT: Internal Strengths

The Office of Drug Control Policy is a small executive branch agency with the flexibility to minimize bureaucracy and maximize accountability. This provides a consumer/constituent friendly environment conducive to customer service and the collaborative development of strategies to respond efficiently to emerging needs.

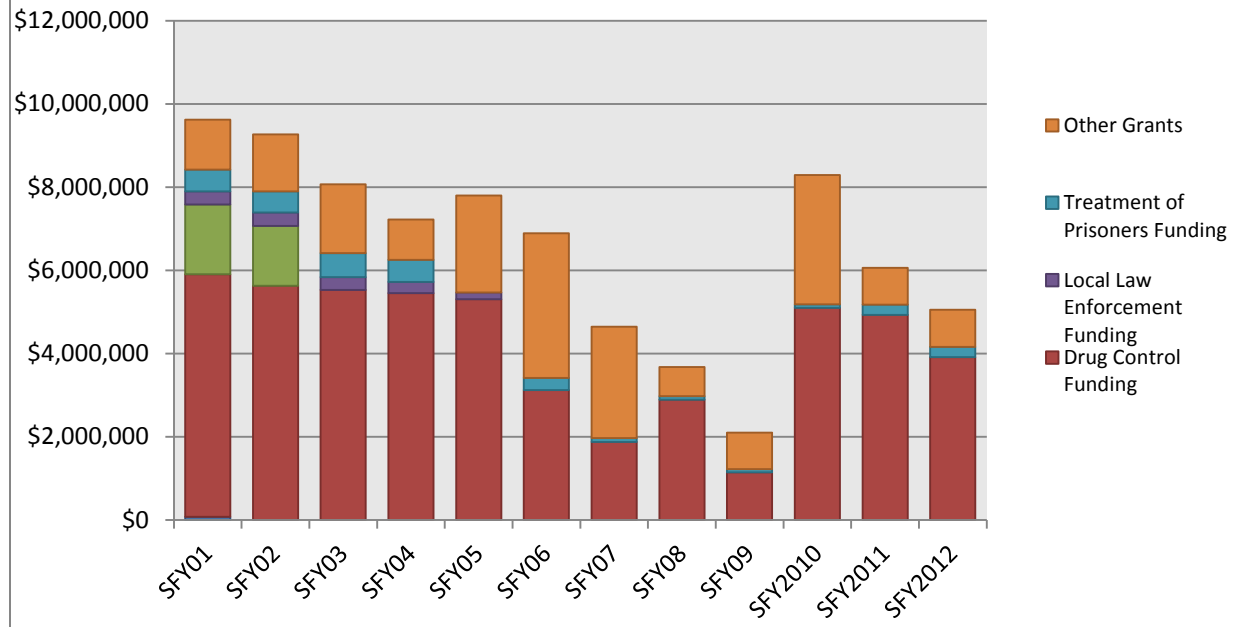
ODCP's independent status allows it to focus on drug control priorities that span multiple jurisdictions, disciplines, agencies and sectors. While working with several public and private sector entities to coordinate policies and programs that address the complexities of substance abuse and drug trafficking, ODCP also administers federal grant funds in a highly credible and fundamentally fair manner for all eligible local and state agencies and organizations.

ODCP takes a leadership role in alerting the public to important and timely drug control issues, such as the emergence of prescription and over-the-counter medicine abuse, as well as sudden and fast-changing developments surrounding synthetic-hybrid substances (e.g., K2) and the dangers they pose to users. ODCP, by virtue of its coordination of all drug control efforts in Iowa, is also a reliable information source for policy makers.

ASSESSMENT: Internal Limitations

Although Iowa Code requires ODCP's director (and by extension ODCP) to coordinate and monitor public fund expenditures by other state departments that provide substance abuse or drug enforcement services, ODCP's director has no authority over the use of funds appropriated to other state agencies. Changes in funding streams in recent years have, at times, presented challenges for providing continuity of service at the local level and for staying current with emerging trends.

Annual Federal Funding to ODCP



SFY2010 – SFY2012 are estimates of federal grant revenues. These years also include a total of \$11,777,401 in Justice Assistance Recovery Act Funding.

External Needs:

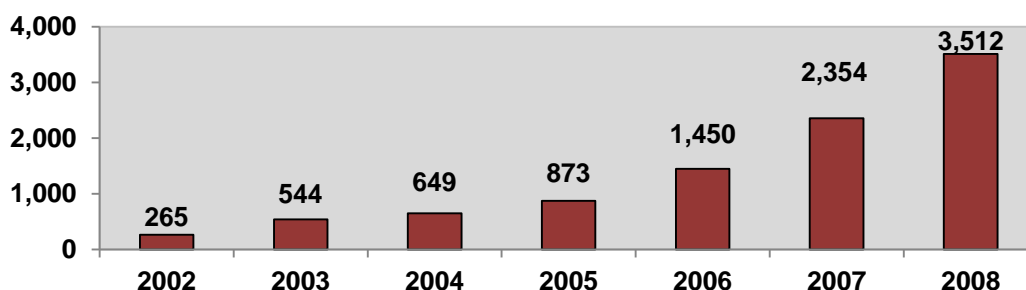
Drug use is a preventable behavior. Drug (i.e., alcohol, tobacco and other drugs) addiction is a treatable disease. While the "drug of choice" may change over time, the behavior of substance abuse is a constant concern. While progress has been made in reducing the abuse of certain drugs in recent years, the abuse of other substances—notably newer synthetic products—has grown among Iowans.

Alcohol remains the most prevalent substance of abuse in Iowa. However, a substantial number of Iowans continue using, manufacturing and/or selling marijuana and methamphetamine. The emergence of new synthetic hybrid substances (e.g., K2 and Spice) poses new abuse concerns, and warrants preventive action. In recent years, the abuse of prescription and over-the-counter drugs has risen at an alarming rate. The 2010 National Drug Control Strategy issued by the White House Office of National Drug Control Policy sites prescription drug abuse as the “fastest growing drug problem in the United States.”

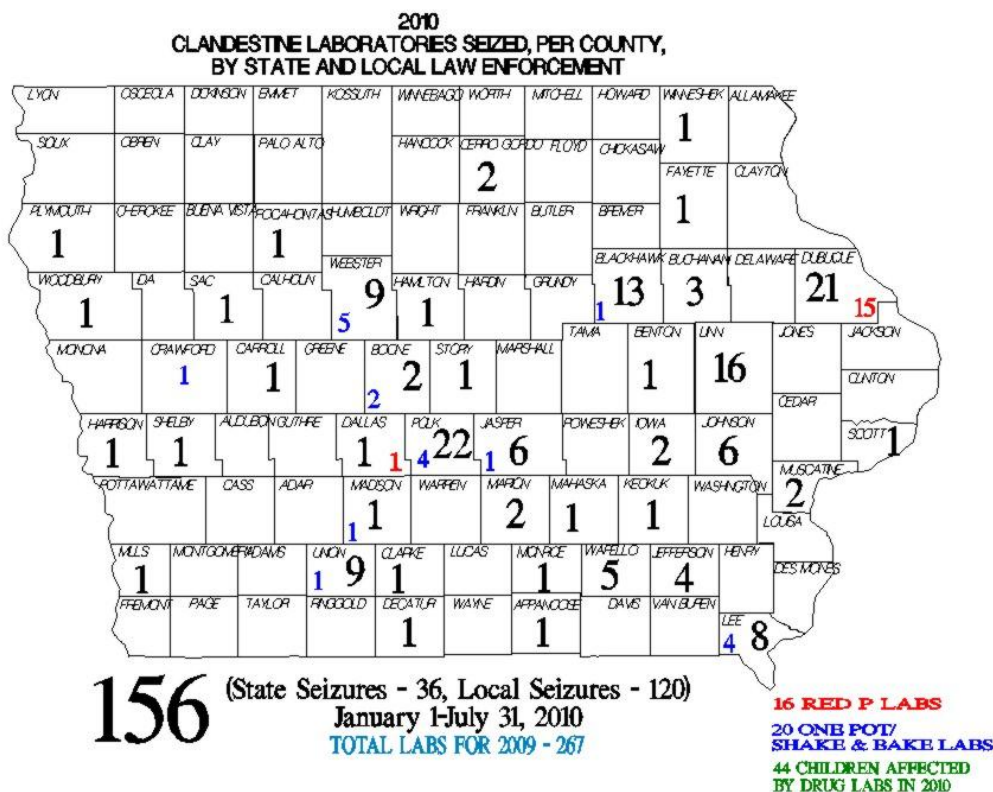
Nationally, prescription drug abuse among young people is on the rise as is the abuse of certain over-the-counter medications. Some of the primary prescription and over-the-counter (OTC) drugs of abuse are: narcotic painkillers (OxyContin, Vicodin), stimulants (Ritalin, Adderall), depressants (Xanax, Valium), and dextromethorphan (DXM), a common cough suppressant. Seven percent of Iowa’s 11th grade students and four percent of students in grades 6, 8, and 11 who responded to the 2008 Iowa Youth Survey reported taking a prescription not prescribed for them or using an OTC medication in an unintended manner at least once in the past 30 days.

Iowa’s relatively new electronic Prescription Drug Monitoring Program, implemented in 2009, is designed to prevent, detect and deter the illegal diversion and abuse of prescription drugs (i.e., “doctor shopping”), to get help for those abusing prescription drugs.

Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)



In Iowa, public calls to the Statewide Poison Control Center to identify Hydrocodone and Oxycodone pain pills have increased **1,225%** since 2002, indicating a possible reflection of the growing abuse of prescription drugs. The U.S. Drug Enforcement Administration notes that Hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. Iowa Prescription Drug Monitoring Program data shows that Hydrocodone is the most frequently prescribed controlled substance in the state, with over 28 million doses being prescribed to Iowans in less than six months, from January to June 2009.



Following four to five years of steady, and significant, declines in methamphetamine-related crimes, Iowa officials have begun to report a modest resurgence in meth activity. This change in trend lines is reflected in recent annual reports showing small increases in meth labs, meth lab related child welfare cases, meth treatment admissions and meth-related prison admissions.

One new development that may affect the upswing in meth labs in the future is an emerging method of manufacturing meth called “shake ‘n bake” or the one-pot method. This method generally produces meth in smaller quantities, using less pseudoephedrine, but it doesn’t make it any less dangerous. It involves putting the chemicals in a pop bottle and shaking it, which causes an extremely high amount of pressure to build up in a container that was not made to be used in that way. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans

After a significant drop since 2004, more children are again being found in homes where methamphetamine is being manufactured. This increase means that more children are being exposed to the toxic and volatile chemicals used in the manufacture of methamphetamine. The increase in meth labs nearly doubled the number of meth lab endangered children to 110 in 2008 from a low of 56 in 2007.

The Iowa Drug Endangered Children (DEC) program was started in response to the many children exposed to toxic chemicals at meth lab sites. Over time it has expanded to include children whose parents use and/or distribute illicit drugs. Several communities are also dealing with the issues of prescription drug abuse and alcohol abuse. DEC is a multi-disciplinary initiative involving participation from law enforcement, human services, medical professionals, prosecutors and other professionals designed to identify and remove children from hazardous drug environments. To date 20 counties have formed local DEC teams, several counties are considering beginning a DEC initiative, and the Statewide DEC Alliance has undergone realignment to better meet the needs of the local teams.

Substance abuse by parents/custodians causes untold risks to children and much of this damage goes undetected. Continuing to expand the DEC program to include additional services such as substance abuse treatment, educational assistance, and public awareness is vital. It is also important to embed it into the infrastructure of the agencies involved to ensure continued commitment and future success.

Many of Iowa’s drug endangered children fall into the category of denial of critical care and are never viewed as victims of drug-related child abuse. Using data from child abuse cases reported to the Iowa Department of Human Services (DHS) in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. 44% of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was

the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and “speed” were also listed as primary substances of abuse in other cases.

Reflecting the decline in meth labs in recent years, a steady decrease in meth-related prison admissions had been reported by the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning from FY 2005 – FY 2009. However, FY 2010 data show a nearly 18 percent increase in meth-related prison admissions compared to the previous year. This trend reversal coincides with the growing prevalence of one-pot meth manufacturing.

The number of Iowans treated for meth abuse had declined over the past few years, but rose slightly in FY 2009. Also, a report by the U.S. Department of Health and Human Services, 2007 Treatment Episode Data Sets, still rates Iowa as having the eleventh highest *number* of meth treatment admissions and the twelfth highest *rate* of meth treatment admissions in the country.

**Primary Substance of Abuse for Adult and Juvenile Clients
Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2009**

Year	Alcohol	Marijuana	Meth	Cocaine/Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849

*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Marijuana continues to be the most abused illicit drug in Iowa, and actually is cited more often than alcohol by juveniles admitted for substance abuse treatment. Mixed messages about marijuana and its availability, combined with the fact that marijuana today is several times more potent than marijuana was 20 years ago, continue to make it one of Iowa’s more problematic drugs, especially among youth.

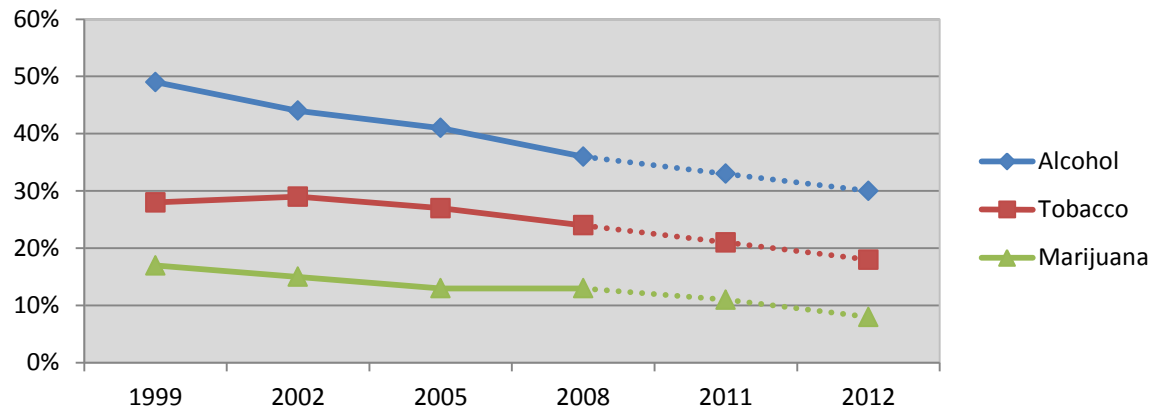
Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2009

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,720 (39.5%)	25,823 (63.7%)	61.4%
Marijuana	2,415 (55.5%)	8,034 (19.8%)	23.2%
Methamphetamine	58 (1.3%)	3,438 (8.5%)	7.8%
Cocaine/Crack	28 (.6%)	1,643 (4.1%)	3.7%
Other/Unknown	132 (3.1%)	1,598 (3.9%)	3.9%
Total			100 %

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Overall, progress has been made to reduce substance abuse among Iowa youth in recent years. The Iowa Youth Survey has shown a steady decline in substance abuse by 6th, 8th and 11th grade students over the last decade. The Iowa Drug Control Strategy goal is to continue this downward trend.

Percent of Students in Grade 11 Reporting Current Use of Alcohol, Tobacco, and Marijuana



2011 and 2012 data are projected

Source: Iowa Youth Surveys 1999 – 2008

CORE FUNCTIONS

- **Coordination of Efforts**
(Facilitate an integrated statewide response to drug trafficking and substance abuse.)
- **Grants Management & Program Development**
(Procure and administer federal grant programs to enhance drug and violent crime control initiatives at the state and local levels.)
- **Public Policy & Education**
(Educate the public about emerging substance abuse issues, and advise elected officials on policy matters.)

Goal # 1	Measures	Strategies
Enhance coordination and leadership to improve Iowa's response to drug use and related crime.	<p>% of state agencies addressing substance abuse prevention and treatment, drug control, and related crime that participate in aligning resources with priorities established in Iowa's Drug Control Strategy.</p> <p>Percent of ODCP grant awards to state and local agencies for initiation of new programs.</p>	<p>Develop and implement a comprehensive statewide drug control strategy annually to coordinate efforts and enhance the coordination of resources between state, federal, and local agencies. (Reference: http://www.iowa.gov/odcp/drug_control_strategy/2010_strategy_finalwithlinks.pdf).</p> <p>Initiate innovative approaches and embed promising or proven techniques to reduce the supply of and demand for illegal drugs.</p>
Goal #2	Measures	Strategies
Improve the ability of state and local government, and private partners, to secure resources and address strategic substance abuse and drug control priorities.	<p>Percent of Iowa counties receiving federal grant funds and/or other forms of assistance from ODCP.</p> <p>Percent of ODCP grant-funded projects monitored for project effectiveness and financial compliance.</p>	<p>Maintain performance/accountability-based grant incentives through site monitoring/assistance.</p> <p>Increase outreach in rural communities to address the continuum of substance abuse and drug control.</p> <p>Survey partners to assess awareness and emerging needs. Negotiate non-state</p>

		<p>resources to meet those needs.</p> <p>Maintain adequate control procedures to ensure that public resources are used effectively and appropriately.</p>
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Goal #3	Measures	Strategies
Empower and educate citizens and elected officials to take action to reduce substance abuse	<p>Percent of students in grades 6, 8, and 11 reporting no use of alcohol, tobacco, or marijuana on the 2010 and 2012 Iowa Youth Survey vs. the 2002 survey.</p> <p>Rate of binge and heavy drinking by adult Iowans.</p>	<p>Collaborate with partner agencies to educate elected officials and citizens about the drugs of abuse in Iowa and strategies for addressing priorities via a continuum of services (prevention, intervention, treatment, aftercare, enforcement, etc.).</p> <p>Canvass prevention, treatment, enforcement, and corrections professionals to identify current substance abuse program impacts, gaps in services, and needs of communities across Iowa and report findings to policy makers.</p> <p>Promote the use of evidence-based best practices among all providers of substance abuse services.</p> <p>Promote policy change to reduce access to or availability of substances of abuse.</p>